

Born in Cleveland YES NO

THE CLEVELAND MUSEUM OF ART

FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 8 to JUNE 16, 1963

LETTER
PLAINLY
ORITYPE

Collaborator if any _____

Artist CAROL

FIRST NAME

LUCAS
LAST NAME

Address 11101 MAGNOLIA DR. CLEVELAND 6, OHIO

Tel. 421-9126

Out-of-town residents should state whether return shipment is required. YES NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR
SALE NUMBER IN
EDITION
(Graphic Prts.) PRICE TITLE MEDIUM CLASS DO NOT WRITE IN
THESE COLUMNS

3	2	50.24.	CLEVELAND SERIES, DRAWINGS, PENCIL	3
			NOS. 40, 55, 60.	
			→ No 40	3 269 40

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

RECD MAR 11 1963

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Carol J. Lucas
SIGNATURE

SIGNATURE